# GA BoS CoC Coordinated Entry

Written Standards, Policies and Procedures



### What will I get out of this session?

- Understanding of the BoS CoC CES Governance Structure
- 2. Understanding of the CES Governing Documents
- Understanding of the standard aspects of all coordinated entry systems in the BoS
- 4. Hopefully, share a few laughs with your colleagues

### **CE Core Elements**

- 1. Access
- 2. Assessment
- 3. Prioritization
- 4. Referral

# CE Guiding Principles

- 1. The system will provide low-barrier, easily accessible points of entry that cover the entire CoC.
- 2. The system will be person-centered; with respect to client choice, safety and cultural preferences.
- 3. The system will utilize a standard assessment tool and process across all access points.
- 4. All access points will serve or refer all sub-populations with respect for their unique needs.
- 5. The system will reduce barriers by increasing program accessibility, limiting restrictive program criteria, and focusing on matching level of service to level of need.

# CE Guiding Principles

- The system will be well-advertised. Communities will create a communication plan and branding in order to educate consumers and providers about coordinated entry.
- Transparency is a fundamental principle of the GA BoS CoC's system. Entry into coordinated entry does not guarantee housing. Providers will ensure that this is communicated to consumers.
- □ The system will coordinate with local and statewide systems of care including, but not limited to,.
- In order to ensure an efficient system, training and evaluation are mandatory processes and will occur regularly. Data on system performance captured through the evaluation of the coordinated entry system will be used to evaluate housing and services, and contribute to the continued improvement of the system.
- Providers in the coordinated entry system will take all reasonable steps to prevent clients from falling out of housing, through coordination with all available resources.

#### Governance

- BoS CoC Board
  - Assessment, Placement and Services Committee
    - **■**CoC Staff
      - Local Planning Groups
- HUD CE Documents
  - BoS CoC CES Written Standards, Policies and Procedures
  - BoS CoC Written Standards
    - Local Coordinated Entry Plan

### CES in the BoS CoC

#### Current CE implementations include:

- Bartow: Good Neighbor Homeless Shelter
- □ Bibb: Macon Bibb EOC/The Salvation Army
- □ Glynn: Safe Harbor
- □ Liberty: City of Hinesville
- Southwest Georgia: South West GA CAA (13 Counties)
- Northeast Georgia: Ninth District Opportunity (13 Counties)

### CES in the BoS CoC

Future Implementations Include:

- Clayton
- Douglas: City of Douglasville
- Dougherty
- □ Gwinnett: HomeFirst
- Lowndes: 90Works
- □ Troup: Action Ministries

### CES in the BoS CoC

Funded agencies in communities that are not current implementation communities must:

- Utilize the Prevention and Diversion Screening Tool prior to shelter/system entrance
- Assess households experiencing literal homelessness using VI-SPDAT
  - Households should NOT be assessed prior to entrance into emergency shelter/hotel motel
- □ Input household into HMIS, input VI-SPDAT in HMIS
- Prioritize permanent housing project vacancies using the **Prioritization**Spreadsheet
- Meaningful referrals when necessary
- Reach out to CE staff to talk about how to work with an existing implementation site

### Access

- CES access points must be easily accessed, in convenient physical locations, and offer non-physical access points as needed
- Access may occur in person, through any designated access point, via phone and/or community outreach teams
- Access points must be well-advertised in highly visible locations within the community and posted on the GA BoS CoC CES website

#### Prevention and Diversion

- A diversion and prevention screening tool, used prior to entry into emergency shelter, determines emergency housing needs and if alternative housing options other than emergency shelter/emergency housing entry are available
- □ Households who can solve their homelessness without housing assistance are diverted out of the system and referred to mainstream benefits and resources as needed. Households in need of prevention services are referred to appropriate and available resources
- If a household, screened for diversion or prevention at a location that is not a CES access point, is identified as needing housing assistance then they will be directed to a coordinated entry access point to complete a housing assessment

### **Emergency Services**

- □ CES will allow for quick access to emergency services with as few barriers to entry as possible
- Access to such services should be available outside of normal business hours
- □ Households should not be required to complete an assessment to gain access to emergency services
- Emergency services are not prioritized and may be accessed as needed

### Housing Match, Referral, Connection

- □ Information gathered from the assessment will be used to determine the most appropriate housing and/or service intervention
- □ Households will be matched to a housing intervention and a housing program based on program eligibility, prioritization, geography and client choice
- Once the recommended and available interventions has been identified, eligibility confirmed, and the household has decided which program they are interested in, an electronic referral to the provider will be completed We may want to rearrange these words
- □ After the assessor makes an electronic referral to the housing provider, the assessor will complete a warm hand off to the agency
- The agency will acknowledge the referral on HMIS and update the outcome of the referral as necessary

### Housing Provider Responsibilities

- Communicate housing assistance offered, detailed program eligibility requirements, unit and progam vacancies to the housing matcher/lead agency
- □ Upon receiving a referral, acknowledge referral in HMIS and contact the individual referred to set up intake appointments within 48 hours
- Work with the Assessor to locate the individual or family and engage with them to see if the housing referral provides a good match
- Record the referral outcome in HMIS
- When a match does not lead to successful program entry, record the reason why in HMIS
- Add applicable notes in CE workflow to assist lead agency/housing matcher

### Assessment

#### Screening Tools

- Prevention and Diversion Screening Tool
  - Used prior to entry into shelter and into the homeless service system to determine 1) level of emergent housing and/or service needs, and 2) alternative prevention and diversion options other than entry into an emergency shelter/emergency housing
- □ VI-SPDAT (Individual, TAY, Family)
  - □ Used, no later than 14 days after emergency housing entry, to determine the best housing intervention and to determine vulnerability for prioritization purposes

Individual VI-SPDAT Score	Housing Resource Referral
0-3	No housing referral/Basic information provided
4-7	Rapid Rehousing
8-11	Transitional Housing
8+	Permanent Supportive Housing
Family VI-SPDAT Score	Housing Resource Referral
0-3	No housing referral/Basic information provided
4-8	Rapid Rehousing
9-12	Transitional Housing
9+	Permanent Supportive Housing
TAY-VI SPDAT	Housing Resource Referral
0-3	No housing referral/Basic information provided
4-7	Rapid Rehousing
8-11	Transitional Housing
8+	Permanent Supportive Housing

#### Match and Prioritization

- Prioritization
- □ Recommended Housing Intervention
- □ Program Eligibility
- Client Choice
- Geographic Location

### Prioritization

### **Assessment Process**

- □ Timeline
- Denials

### **Assessment Timeline**

- □ Receiving provider must acknowledge referral within 48 hours
- □ Receiving provider must update referral status within 7 days of acknowledging referral
- Provider must try to contact consumer for 7 days.
  Provider must document attempts in HMIS

#### **Denials**

#### Acceptable reasons for denial:

- 1. There are no vacant units or program availability
- 2. The receiving program is unable to reach the household after repeated attempts at contact by all available methods each day for 7 days
- 3. The household missed two separate intake appointments
- 4. The household presents with more people that reported when assessed and the receiving program cannot accommodate the increase
- 5. The household was denied by independent property owner or landlord due to certain criminal behaviors
- 6. The receiving program has determined, based on documented policies and procedures, that the household cannot be safely accommodated

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